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APR 29 2002  
TECH CENTER 1600/2900

***In the Specification:***

On page 6, the paragraph beginning on line 18:

In another aspect, the method includes providing a cell from a subject, contacting the cell with a compound which increases PDX expression in an amount sufficient to increase pancreatic hormone production and introducing the cell into a subject. In one embodiment pancreatic hormone production occurs *in-vitro* and *in-vivo*, upon introducing the cell into the subject. In an alternative embodiment, pancreatic hormone production occurs [*iv-vivo*] *in-vivo* upon introducing the cell in the subject.

On page 11, the paragraph beginning on line 1:

By "pancreatic islet cell phenotype" is meant that the cell displaying one or more characteristics typical of pancreatic islet cells, *i.e.* hormone production, processing, storage in secretory granules, nutritionally and hormonally regulated secretion or characteristic islet cell gene expression profile. The pancreatic islet cell phenotype can be determined for example by measuring pancreatic hormone production, *e.g.*, insulin, somatostatin or glucagon. Hormone production can be determined by methods known in the art, *e.g.* immunoassay, western blot, receptor binding assays or functionally by the ability to ameliorate hyperglycemia upon implantation in a diabetic host.

On page 11, the paragraph beginning on line 9:

The cell can be any cell that is capable of expressing a pancreatic islet cell phenotype, *e.g.*, muscle, spleen, kidney, skin, pancreas, or liver. In one embodiment the cell is capable of functioning as a pancreatic islet cell, *i.e.*, store, process and secrete pancreatic hormones, preferably insulin upon an extracellular trigger. In another embodiment the cell is a hepatocyte, *i.e.*, a liver cell. In additional embodiments the cell is totipotent or pluripotent. In alternative embodiments the cell is a [hemopoietic] hematopoietic stem cell, embryonic stem cell or preferably a hepatic stem cell.